Owner/Developer/Applicant Good Standing & Capacity Certification

Date: ________________________________

To: Idaho Housing and Finance Association

Project: ________________________________

Initial if “Yes”; if “No”, provide an explanation on a separate sheet.

As an authorized signer for _____________________________, the owner or sponsor of the above referenced project, I certify the following:

_____ The owner/developer/applicant is in Good Standing with Idaho Housing and Finance Association, with no repetitive unresolved issues or unresolved significant material findings.

_____ The owner/developer/applicant does not have outstanding unresolved issues with any organization or public jurisdiction whose compliance monitoring includes the oversight of any Federal affordable housing program.

_____ The owner/developer/applicant has prior affordable housing experience in Idaho.

_____ The owner/developer/applicant has proven ability to complete similar projects within 2 years and within budget.

_____ The owner/developer/applicant has demonstrated ability to meet all regulatory criteria during the development.

_____ The owner/developer/applicant has experience in development of affordable housing, including the programs below:

__________Section 202
__________Section 811
__________Section 514
__________Section 515
__________Section 516
__________HOME
__________LIHTC
__________Other (describe) ________________________________

Signed:

___________________________

___________________________

For: ________________________

By: ________________________

Its: _______________________
Management Company Good Standing/Capacity Certification

Date: ________________________________
To: Idaho Housing and Finance Association
RE: ______________________________________

Initial if “Yes”; if “No”, provide an explanation on a separate sheet.

As an authorized signer for ______________________________________, the management company of the above referenced project, I certify the following:

_______ The management company is in Good Standing with Idaho Housing and Finance Association with no unresolved issues or significant material findings.

_______ The management company does not have outstanding unresolved issues with any organization or public jurisdiction whose compliance monitoring oversight includes any Federal affordable housing program.

_______ The management company has prior affordable housing management experience in Idaho.

_______ The management company has demonstrated ability to meet all regulatory criteria during the Period of Affordability.

_______ The management company has experience in management of affordable housing, including the programs below:

_______ Section 202
_______ Section 811
_______ Section 514
_______ Section 515
_______ Section 516
_______ HOME
_______ LIHTC
_______ Other (describe): _______________________________

Signed:

____________________________________
For: __________________________________
By: __________________________________
Its: __________________________________